

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-878)**

SERIAL NO.

10/069639

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	2					
4						
5						
6						
7	1					
8						
9						
10						
11						
12	1					
13						
14						
15						
16						
17	8					
18	1					
19	1					
20	2					
21	2					
22	2					
23	2					
24	1					
25	1					
26						
27						
28	2					
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48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	28					
TOTAL CLAIMS	32					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
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99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3631